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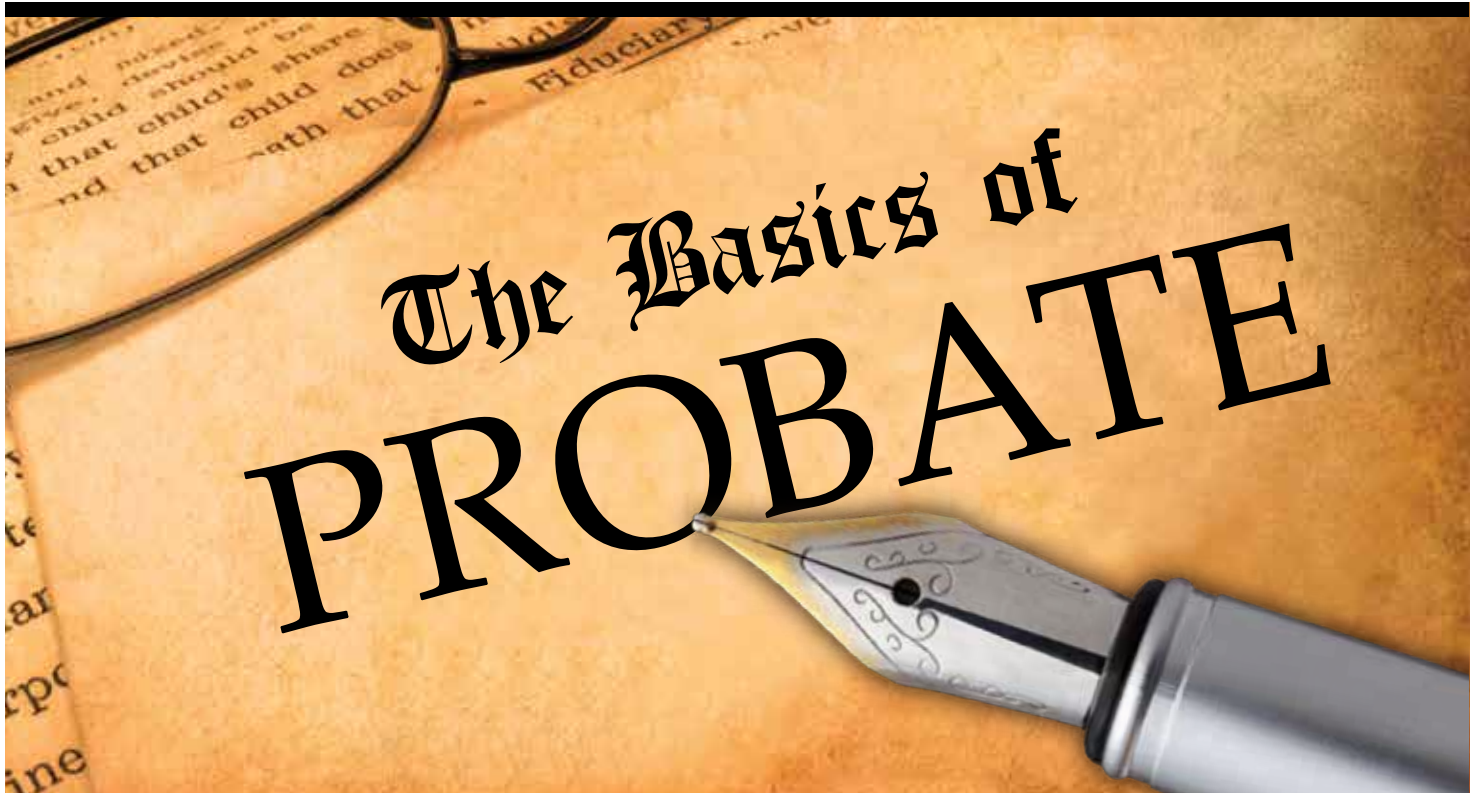
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PrimeTimes

College of Science • Office of Lifespan Studies • Coastal Carolina University

SPRING/SUMMER 2017



By Kathryn Cook DeAngelo, certified elder law attorney by the National Elder Law Foundation

The word “probate” can conjure up dread, fear and confusion in most people. Here is a simple definition of probate: The court process by which a will is proved valid or invalid; the legal process wherein the estate of a decedent (a person who died) is administered.

Essentially, probate is the process of administering and settling an estate after a person dies. Many people think the only time you have to go through probate is when you die with a will. That is incorrect. Even if you die without a will, which I would not recommend, you may have to go through probate. If a person dies without a will, they die intestate. If a person dies with a will, the person dies testate.

So let’s say mom resides in South Carolina and dies without a will. She is a widow and unmarried, has three adult children, no deceased children, owns a house, owns a car, has a checking account and a brokerage account (no beneficiaries) all titled in

her name. The house, car and accounts are assets belonging to mom that would need to go through the probate process so they can be distributed to her heirs-at-law, her three children. However, the probate process for an intestate estate can be more time-consuming, confusing and cumbersome.

If a person resides in South Carolina and dies testate, a probate of the will is required by law. Some people are unaware that they must deliver a decedent’s *original* will to the probate court within thirty (30) days after the decedent’s death.

So it is important that the original will be kept safe, preferably stored in a safe deposit box, and that the person who has possession of the will or the named personal representative admit the will to probate within the time required by law. The foregoing statute also imposes liability for damages and contempt if a person intentionally or fraudulently conceals or fails to deliver the original will to the judge of probate.

The exact probate process differs from state to state, so it is recommended that the nominated personal representative (formerly known as an executor) consult with a lawyer to determine the proper probate process. Generally and briefly, the probate process usually includes the following steps, as well as others:



1 Filing an application for probate and the original will at the probate court.

Typically, the personal representative delivers and admits the will to probate and requests an appointment in order to administer the estate. However, there are situations where it is not necessary for the personal representative to be appointed, but in order to determine that, you should consult with a lawyer. If there is no valid will, then the heirs must petition the court to be appointed to administer the estate. Again, it is NOT recommended that a person die intestate or without a will. Instead, it is best to go to a lawyer and have a proper will prepared. In some instances, the will can be admitted to probate without the necessity of appointment of a personal representative to administer an estate (for instance, small estates less than \$25,000).

2 Marshaling, or collecting, the assets.

This means that you have to find out everything the decedent owned. You need to file a list, known as an “inventory,” with the probate court. The list should show how the decedent’s assets were titled (sole ownership, joint, with or without survivorship, and so forth) and also whether there was a beneficiary designation on any accounts. It is generally best to consolidate all the estate funds to the extent possible. Bills and bequests should be paid from a single checking account, either one you establish or one set up by your attorney, so that you can keep track of all expenditures.

3 Paying bills and taxes.

If a state or federal estate tax return is needed – generally if the estate exceeds \$5.45 million in value – it must be filed within nine months of the date of death. If you miss this deadline and the estate is taxable, severe penalties and interest may apply. If you do not have all the information available in time, you can file for an extension and pay your best estimate of the tax due. A final income tax return for the decedent must be filed. If the estate does earn income during the administration process, it will have to obtain its own tax identification number in order to keep track of such earnings. Creditors have a certain time period to file a claim for consideration and payment.

4 Distributing property to the heirs and legatees.

Generally, a personal representative does not pay out all of the estate assets until the period runs out for creditors to make claims, which can be as long as a year after the date of death.

5 Filing a final account.

Unless waived in writing, a personal representative must file an account with the probate court listing any income to the estate since the date of death and all expenses and estate distributions. Once the court issues an order approving this final account, the personal representative can distribute whatever is left in the closing reserve and finish his or her work.

This is a very brief overview of basic steps in the probate process. Some of these steps may be eliminated by avoiding probate through joint ownership or trusts. But whoever is left in charge still has to pay all debts, file tax returns and distribute the property to the rightful heirs. You can make it easier for your heirs by keeping good records of your assets and liabilities. This will shorten the process and reduce the legal bill.

Editor’s note: The information in this article was prepared as general and supplemental information and may not be applicable to the reader’s particular legal needs or circumstances. It should not be relied upon as a substitute for legal or other professional services. For such services, consult a competent professional adviser.

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Call 843-238-8422 or visit elderlawanswers.com.



Many of us have heard about it. Some of us have even experienced it. But for those who aren't familiar with it, receiving a call from the IRS can be unsettling and terrifying.

Here's how it works: You receive a phone call from someone claiming to be from the IRS. They claim a variety of things – you owe back taxes or something to that effect – and threaten to take action against you if you don't send them money. The Better Business Bureau (BBB) has heard from a number of callers who were not familiar with this scam and ended up draining their savings to satisfy the request made of them.



What you need to know: The IRS will **never** contact you over the phone. They will only contact you through the mail. That being said, if you do receive a letter from the IRS, be sure it is truly from them. Call the number on the letter you receive (if it provides a phone number) but then also look up the IRS's phone number independently to ensure the number you are calling isn't going to a scam artist.

The reason the phone is such an effective way to scam people is because of the sense of urgency. The caller has your full attention and can hijack your emotions. Don't let this happen to you! Any legitimate organization or agency will understand your need to verify information before sending your money to them. Be sure you can validate the caller's request before acting on it.

Debt collection

BBB was recently asked about debt collection and consumers' rights. The Federal Trade Commission (FTC), the nation's consumer protection agency, enforces the Fair Debt Collection Practices Act (FDCPA). This act regulates the behavior of debt collectors.

1. You should not receive a call from a debt collector before 8 a.m., after 9 p.m. or at your place of work unless you've given permission for them to do so.
2. Debt collectors can only contact third parties to try to get information regarding how to contact you. They cannot discuss your debt with a third party unless it is your attorney.
3. You should receive a "validation notice" within five days after being contacted about a debt. This notice will include the creditor and how much money you owe.
4. Debt collectors cannot harass, threaten or deceive you.
5. You can be sued by a debt collector if the debt is yours. If they win, the court will enter a judgment against you, and the judgment can be used to garnish your wages.
6. If you feel a debt collector has violated the law, you have the right to sue in a state or federal court within one year from the date the law was allegedly violated.

For more detailed information, go to ftc.gov.



Need a BRAIN BOOST? GET MOVING!

By Jamie McAllister-Deitrick, Ph.D., Assistant Professor of Sport Psychology,
Department of Kinesiology, Coastal Carolina University

Have you ever worried that you're not doing enough to keep your brain "in shape"? The topic of brain health is becoming more and more popular. It's no secret that as we age, our susceptibility to neurodegenerative diseases, such as Alzheimer's disease, increases. In fact, there is quite a large industry built on brain quizzes and puzzles to keep your brain sharp and functioning at its highest capacity.

Sure, that crossword puzzle or Sudoku is highly entertaining, and probably does help keep your brain firing on all cylinders, so to speak, but there might be another way to protect your brain and even retroactively make it stronger.

It has long been suggested that incorporating physical activity into everyday life results in improved health. In fact, it seems as if every day a new study is published touting the benefits of physical activity during every stage of life – from pregnancy to early childhood, through adolescence to later adulthood. The beneficial outcomes of regular exercise and physical activity range from physical (e.g., lower risk of cardiovascular disease, increased strength and flexibility, lower risk of falling) to mental (e.g., improved memory and cognition, better emotional regulation). Despite this, millions of U.S. adults remain essentially inactive and therefore do not reach the recommended levels of physical activity.

While the recommended guidelines from the World Health Organization for physical activity in older adults (65 years and above) are to get at least 150 minutes of moderate physical activity (or 75 minutes of vigorous-intensity physical activity) a week, research has frequently demonstrated that even engaging in activity as little as twice a week can yield significant benefits, especially in cognition.

So if you're new to this exercising thing, or maybe you haven't attempted any real physical activity since Reagan was in office, don't fret! Getting up and moving just a couple times a week will yield positive benefits. In fact, adults in midlife who exercise regularly at least twice a week have a significantly lower risk of dementia in later life than those who are less active.

Additionally, physical activity helps reduce normal, age-related decline in cognition. Did you get to the store and forget what you needed? Not sure where you placed your keys? These little bouts of memory lapse are not uncommon, but can be slowed with regular physical activity.

Even better news: It's never too late to get active. We know the risk of developing neurodegenerative diseases (like Alzheimer's disease) increases with age, so it's no wonder why scientists have begun researching the effects of physical activity on cognition, including memory, in older adults. More recent evidence shows even people who begin exercising after midlife have lower risks of developing dementia later in life than those who remain inactive. In fact, older adults benefit even more from physical activity than younger people when looking at cognitive functioning. Take that, youths!





Incorporate physical activity into your daily life

TIPS

Start small

Don't feel like you have to start off with all 150 minutes at once. Adding a 10-minute walk twice a week will still yield cognitive benefits.

Find something you love

Does the idea of walking around your neighborhood sound appalling? Then don't do it. You won't stick with it if you hate it. Instead, take up swimming at a local recreation center, or maybe join a gardening group. If you love the activity, it won't seem like a requirement.

Join others

Physical activity is an excellent way to meet new friends or stay in touch with old friends. Call up that friend you don't see as often and schedule a weekly or bi-weekly walk. Maybe look for a weekly class at a local yoga studio to meet new friends.

Mix it up

Any physical activity will yield positive benefits. The benefits will be even greater, however, if you mix it up a bit. Don't rely solely on your walks, but add in muscle-strengthening options, too.

Brain boost

Feeling a little sluggish? Exercise doesn't have to be planned or take a long time. Even doing a quick bout of jumping jacks can reinvigorate your mind and get your brain primed for the day!

The working hypothesis scientists hold regarding the connection between physical activity and the brain suggests regular exercise may actually increase blood flow to the brain. Additionally, exercise may increase brain plasticity by stimulating new connections within the brain. In fact, one research study in older adults with mild cognitive impairment found those who engaged in aerobic activity four times a week had an increase in overall volume and gray matter in the brain in some areas (decreases in gray matter is associated with Alzheimer's disease).

But what does it mean to engage in moderate-intensity physical activity?

Actually, much of what you already do in your day-to-day life may count as leisure time physical activity. Going for a walk around the neighborhood is an excellent way to get more active, even if it's just for 10 minutes at a time. Gardening is another way to reach those physical activity recommendations. Going for a swim or dancing the night away will both help you reach your goals for physical activity. To be considered "moderate intensity," you want to get a little warm and maybe feel slightly short of breath, but you should still be able to carry on a conversation with a friend.

To get the best results, include both cardiorespiratory exercises (e.g., walking, swimming, water aerobics) and muscle-strengthening activities (e.g., weight lifting, body-weight exercises like push-ups and sit-ups). Find a yoga class and get both activities in one class!

So, who's ready to get moving?

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Understanding Grandparents Raising their Grandchildren

By: Bert Hayslip Jr., Ph.D., Teaching Associate,
Department of Psychology, Coastal Carolina University

Grandparents who are caring for their grandchildren on a full-time basis are becoming more prevalent. In 2000, 5.7 million grandparents lived with their grandchildren, and approximately 2.4 million were raising their grandchildren. Since 1990, there has been a 30 percent increase in the number of children (half of whom are under the age of 6) living in households maintained by grandparents.

Not only did the number of grandparent caregivers increase during the 2008-2009 recession, recent Census data (2014) indicate that 2.5 million children are being raised by more than 2.6 million grandparents (Generations United, 2016), the latter figure being a nearly 25 percent increase since 2006 (Statistical Abstract of the United States, 2006).

Grandparent caregivers, termed *custodial grandparents*, tend to be (relative to traditional, noncaregiving grandparents): younger; more likely to be the mother's parents; have poorer health and fewer social and economic resources; are less highly educated; and are more likely to be raising boys. Many children who are being raised by their grandparents live in poverty, with the percentage of grandparent caregivers living below the poverty line (19 percent) being greater versus other types of families with children (14 percent). Many such children have difficulty registering for school, and while 20 percent of children in homes headed by their parents have no health insurance, 33 percent of children in grandparent-headed homes lack such insurance.

Such difficulties are greatest for grandparents who are caring for their grandchildren "informally," lacking a formal legal basis (e.g., adoption, legal custody, guardianship) for doing so.

In some cases, grandparents care for grandchildren in a "skipped generation" household, where the adult parent is absent; in other cases, they have a "co-parenting" household, wherein the grandparent and adult child co-reside, even though the grandparent may have assumed primary responsibility for caring for the grandchild. Skipped generation households grandparents tend to fare worse physically and emotionally.

Unfortunately, grandparent caregiving usually comes about for reasons linked to the divorce, drug use, incarceration, job loss or death of the adult child, as well as when the parents abandon or abuse their child. These circumstances are stigmatizing and isolate grandparents from needed sources of social and emotional support, as well as make it difficult to be treated equitably by social service providers.

Environmental influences

Custodial grandparents and grandchildren do not exist in a vacuum – they influence and are influenced by various aspects of their immediate and more distant immediate environments. Grandparent experiences and outcomes are shaped by spouses and grandchildren, the grandchild's parents, and even extended family members (e.g., other adult children, noncustodial grandchildren).

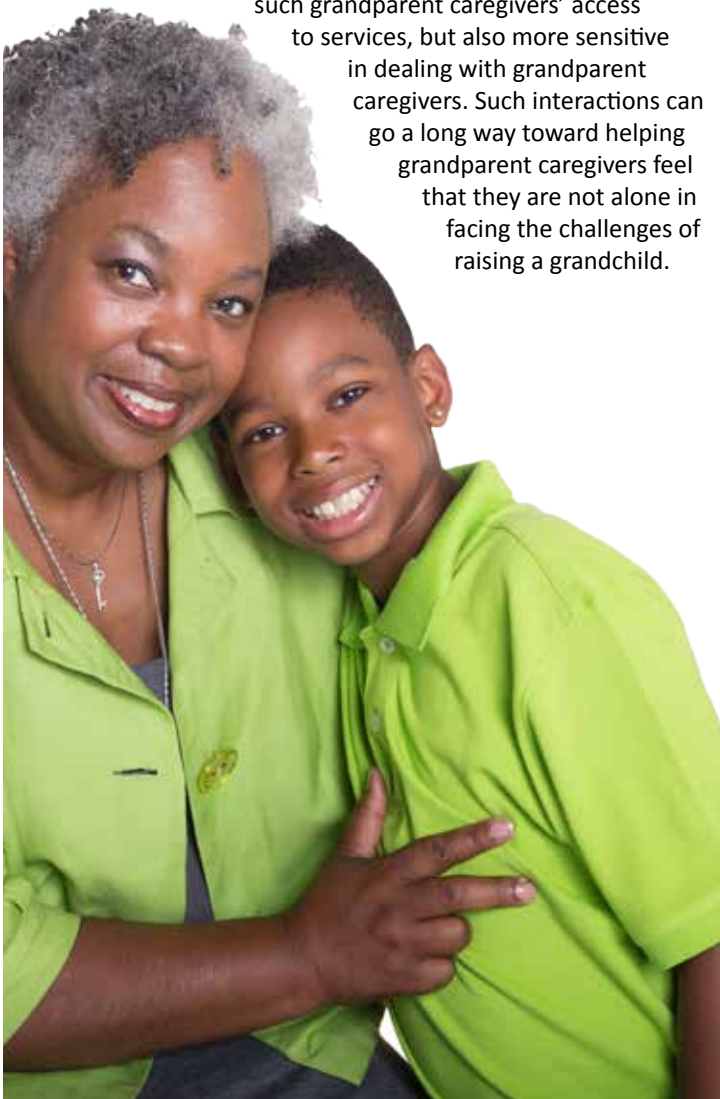
On a more distant level, custodial grandparents interact with numerous service providers as well as members of their larger communities and the general public. They are even influenced by the nature of the environments in which they live.

The challenges of raising a grandchild

While not all grandparents have a difficult time raising their grandchildren, there are common difficulties reported by custodial grandparents.

- less satisfaction with grandparenting
- less meaningful grandparenting
- strained relationships with their grandchildren
- isolation from other grandchildren and friends because of their parental responsibilities
- feeling overloaded and confused about their roles as parents and grandparents
- caring for children (often boys, whose behavioral/emotional problems are more likely to come to the attention of others) who have behavioral or school difficulties, for which these grandparents are less likely to seek help

Underscoring the cultural diversity among them, some grandparent caregivers, whose cultural traditions help to define the caregiving experience by virtue of their exposure to insensitive or unskilled service providers, or as influenced by their negative feelings about seeking help from “outsiders,” may be less likely to ask for assistance for themselves or their grandchildren. Thus, service providers who are sensitive to cultural traditions may not only be more effective in facilitating such grandparent caregivers’ access to services, but also more sensitive in dealing with grandparent caregivers. Such interactions can go a long way toward helping grandparent caregivers feel that they are not alone in facing the challenges of raising a grandchild.



There is an emotional and physical toll that caregiving takes. Indeed, the incidence of depression, diabetes, hypertension and insomnia is greater among grandparent caregivers, who often report more difficulty than their age peers in performing activities of daily living, and over time are more likely to experience poorer physical and mental health than noncaregivers. Such illnesses may cause custodial grandparents to fear for their grandchildren’s well-being in the event of their own disability or death.

Taking on the parenting role can also strain grandparents’ marriages and disrupt their life plans. Many custodial grandparents come to resent their children for creating the situation leading to the care of the grandchild, yet they may feel guilty over having failed as parents in raising such a child. To the extent that the relationship with the adult child is ambivalent or the relationship between the grandparent and grandchild/adult child is poorly defined, the demands on the grandparent caregiver are more debilitating.

Despite these demands, it is important to know that grandparents often put their own needs behind those of their grandchild, and feel a strong sense of love and commitment to their grandchildren to ensure that their lives turn out for the best.

The central task of custodial grandparents

Most custodial grandparents who are in their mid- to late-50s would likely endorse the notion that raising a grandchild is the most important task before them. Relative to parents who are raising their children, however, custodial grandparents often have little time to prepare for this tremendous responsibility, assume it under socially stigmatizing and oftentimes negative family circumstances, and frequently have had little direct and/or ongoing responsibility for raising a child for many years.

Parenting a grandchild thus reflects one of the central challenges for grandparents who have not raised children for many years and/or who experienced difficulties in doing so. In addition, issues that are both negative (e.g., depression) and positive (e.g., fostering empowerment and resilience) are paramount in understanding the parenting quality of custodial grandparents.

While custodial grandparents derive much satisfaction from their relationships with their grandchildren, parenting is often a source of stress, and it is influenced by grandparents’ own age-related energy and health-related limitations as well as psychological distress (e.g., depression and anxiety). Grandparents may also have outdated ideas about child development and discipline, and sometimes lack familiarity with contemporary issues confronting their grandchildren (e.g., sexuality, drug use, violence, technology).

Grandparents of adolescent grandchildren report particularly high levels of stress, often stemming from difficulties associated with such grandchildren’s increased desire for independence and an identity. Parenting may also be more challenging when grandchildren have physical and/or psychological problems associated with parental crisis and/or maltreatment (e.g., abuse/neglect, exposure to harmful substances).

Grandparent caregivers are diverse

That grandparent caregivers are both ethnically and culturally diverse is perhaps what is most notable about them. In this respect, 2000 Census data found that the incidence of grandparents living with their grandchildren varies greatly by race/ethnicity, with whites considerably less likely to do so (2 percent) than Asians (6 percent), American Indians and Alaska natives (8 percent), African-Americans (8 percent), Hispanics (8 percent), and Pacific Islanders (10 percent).

Of such persons, Asians (20 percent) were least likely to be solely responsible for their grandchildren, relative to whites (41 percent), Hispanics (35 percent), African-Americans (52 percent), American Indians and Alaska natives (56 percent) and Pacific Islanders (39 percent).

Bearing on their ability to parent, evidence suggests that grandparents caring for grandchildren with severe behavioral problems experience poor psychological health.

Only a small number of studies have examined grandparents' actual parenting practices. While some grandparents perceive themselves as replicating the (effective) approaches to parenting that they used with their own children, others see themselves being more effective as a result of being more patient, having greater experience, and investing more time into their grandchildren.

That being said, many custodial grandparents may be less effective parents or question their parenting skills, given the difficulties of their own children. Indeed, custodial grandparents engage in *both* effective (e.g., giving rewards and monitoring their grandchildren's behavior) and ineffective (e.g., harsh and inconsistent discipline, difficulties with setting limits) parenting practices. Some grandparents have difficulty setting boundaries to define their roles as parents and are less sensitive to their grandchildren's needs.

Parenting is a promising avenue for clinical intervention since parenting stress and ineffective parenting have been associated with psychological distress and compromised physical health among grandparents. Moreover, ineffective parenting practices, often stemming from grandparents' own psychological distress, have also been linked to grandchildren's behavior problems. Yet parent skills training can improve grandchild behavior problems, grandchild relationship quality, parenting confidence and grandparent psychosocial functioning.

The strengths of custodial grandparents

In contrast to a view emphasizing the difficulties grandparent caregivers face in raising their grandchildren, custodial grandparenting has been recently redefined to reflect such individuals' *strengths*, including such qualities as resilience and resourcefulness, benefit finding, empowerment, and positive caregiving appraisal, as well as protective factors such as social support and better health.

Grandparent *resilience*, or the process of demonstrating positive adaptation and positive outcomes despite adversity and risk, can counteract the negative effects of stressors on grandparents' physical and mental health. Because the skills associated with resilience can be taught, interventions designed to promote resilience, including enhancing protective factors (e.g., social support, better health management) and reducing risk factors (e.g., social isolation), are fruitful avenues for promoting grandparent well-being.

Indeed, that grandparent caregivers are resilient is underscored by the family trauma they have faced and the variety and intensity of the stressful experiences confronting them. This is especially important in that some custodial grandparents are facing multiple hurdles (e.g., high rates of poverty and disability, raising multiple grandchildren, caring for an older person), with minimal resources, in raising their grandchildren. Evidence of the fact that resilience can be taught is the fact that custodial grandparents who participate in a support group experience greater increases in social support than those who do not attend support groups. Evidence also suggests that training to facilitate empowerment is also effective.

The emphasis on a *strengths-based* or *resilience* perspective is consistent with a more *balanced* view of custodial grandparenting – that raising a grandchild has both positive and negative aspects. Each needs to be understood to fully appreciate what raising a grandchild is all about.

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check back. For more information on our online courses and degree programs, please visit Coastal Online. <http://www.coastal.edu/academics/coastalonline/>

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IS YOGA

Many people aren't sure if yoga is for them. I'm here to tell you that YES! Yoga is for YOU!

Yoga does not discriminate! It can be done by anyone of any body type – young or old, thin or not thin, fit or not fit, flexible or not flexible, male or female. It can also be done anywhere and anytime. It can be done on the beach or on a paddle board! (I wouldn't recommend doing it alone the first time because of the need to learn proper alignment is very important to prevent injury.)

Yoga has many benefits no matter how old you are or what your body type is. It helps physically, mentally and spiritually. Yoga is an individual practice, and there is no need to feel competitive or judged. What you could do years ago and what the person next to you is doing doesn't matter. It is called a "practice" because everyone starts from the beginning and gets better through practice. Yoga is about honoring who you are!

There are several types of yoga; gentle, power, restorative, vinyasa flow yoga, Bikram yoga (hot) and others. Modifications can be done to each yoga pose to fit your individual needs, limitations and ailments.

The most important aspect of yoga is the breath work. It is known in yoga as prana (energy). Many of us aren't aware we're breathing improperly due to not using the diaphragm (muscle beneath the ribs). We take shallow breaths throughout the day, which is not good for us. Holding in your abdomen so it looks flatter causes us to use the diaphragm improperly.

Yoga incorporates breathing techniques to help the individual learn how to breathe properly, but can help increase lung capacity and respiration. Learning



GA

FOR YOU?

By Sharlene Reeve, RYT-200

developing chronic diseases by reducing the acidity in the body and keeping the body more alkaline. It creates an overall sense of well-being.

The potential benefits of yoga don't end there.

Yoga is known to help with balance. Balance gives us the ability to focus and improves concentration. Yoga helps with flexibility and range of motion in joints. Yoga doesn't require any pounding motion on the joints, which makes it less stressful.

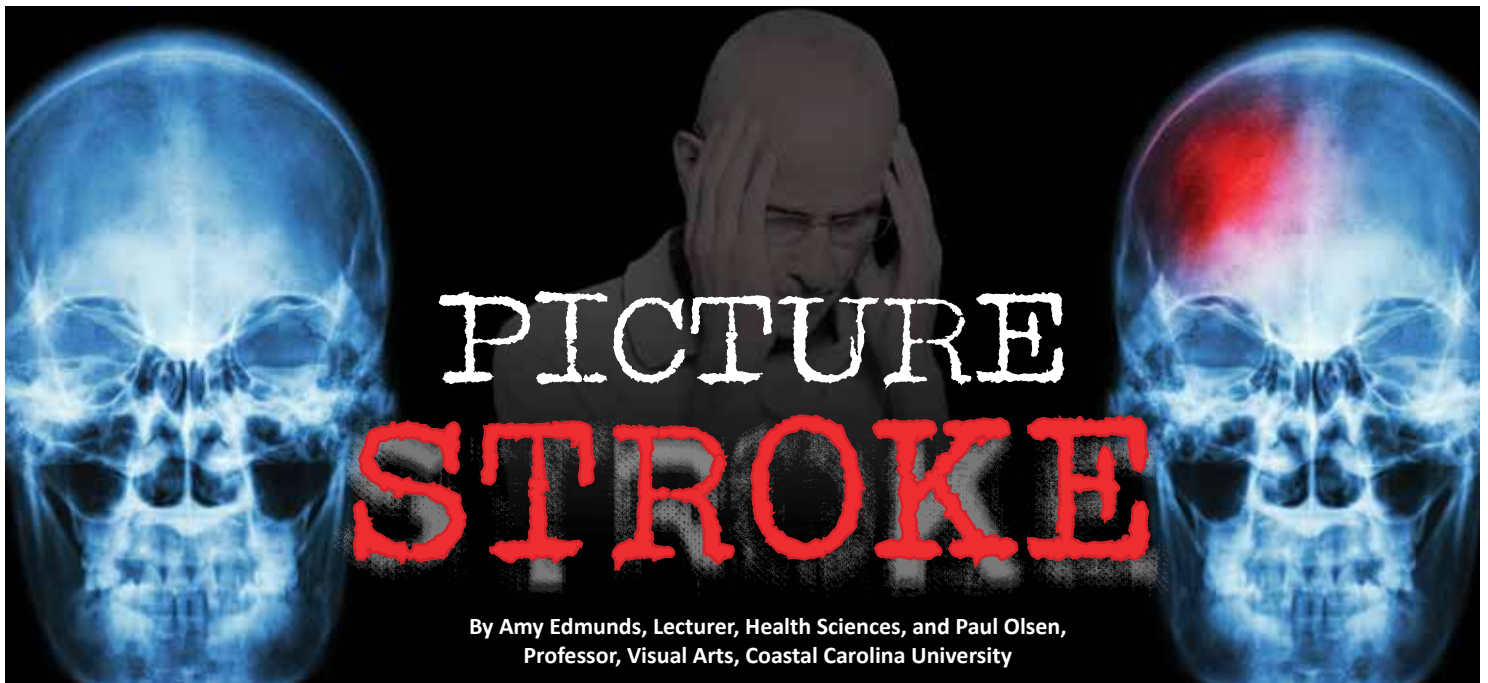
Yoga can have a calming effect on the mind, which helps reduce stress, anxiety and depression. If stress is reduced, it can help improve the immune system and enhance inner peace. It helps those with insomnia sleep better by calming the nervous system.

Yoga works on improving one's posture, especially in our society today. If you work on computers all day or on other electronic gadgets or just watch a lot of television, you may not realize you are hunching over or slouching. Slouching causes the lungs to curve and constrict oxygen flow in our bodies and can cause headaches and other body ailments. Learning to correct our spine alignment by sitting, standing and walking properly and becoming aware of our body's posture improves our health in the long run.

Sharlene Reeve is an instructor at the Conway Recreation Center. She can be reached at sharlenereeve@sccoast.net.



“Yoga is known to help with balance. Balance gives us the ability to focus and improves concentration.”



By Amy Edmunds, Lecturer, Health Sciences, and Paul Olsen,
Professor, Visual Arts, Coastal Carolina University

More than half of all strokes in South Carolina occur among those under 65. This is especially significant since stroke remains generally perceived as an elderly affliction.

These statewide statistics mimic a national trend among adults under 65. Today, one in five strokes occur among those ages 20 to 55, according to the American Heart Association/American Stroke Association.

Stroke occurs when there is a disruption to blood flow within the brain due to blockage or a rupture within a blood vessel. Contributing factors to this increasing prevalence for stroke may include hypertension, smoking, diabetes and obesity. Nonpreventive factors like blood disorders, aneurysms, and cryptogenic or unknown causes are also variables.

As faculty colleagues, we are engaged in a multidisciplinary collaboration to raise awareness about this local phenomenon. We are capturing photographs and narratives of stroke survivors across South Carolina who experienced their first stroke under age 65.

We earned funding from the South Carolina Arts Commission to pilot our idea in 2015. Together, we tapped a rich storyline about the long-term hardships for survivors, families and communities unequipped to battle within America's current health care system. As we traveled across the state, stroke survivors warmly greeted us in their homes, workplaces and local hangouts. Ultimately, we hope our efforts will change the way others perceive stroke.

**“We earned funding from the
South Carolina Arts Commission
to pilot our idea in 2015.”**

ONE OUT OF EVERY FIVE
strokes today
happen to
those 20-55



Utilizing candid portraits and personal stories, we currently seek funding to support an exhibition and publication of our work to raise awareness among the public and policymakers about the plight of this emerging population.

Amy Edmunds

fuels this project with her research focus to enhance understanding of the young stroke experience. As a stroke survivor, this effort mirrors her lived experience. Following her graduate studies, she established YoungStroke, Inc. as America's first 501(c)3 patient advocacy organization to exclusively benefit young adults and their caregivers in 2005. Based in Conway, YoungStroke hosted the first international scientific conference addressing treatment and management of young stroke in 2015. The event was sponsored in part by the National Institutes of Health and Mayo Clinic. It was endorsed by the World Stroke Organization.



Paul Olsen

is a national award-winning photographer. Initially, he was hired at Coastal Carolina University to establish graphic design and photography programs. During his tenure, he also established the 2+2 Program with Horry Georgetown Technical College to enable students with an Associate of Arts in Digital Arts degree from HGTC to complete their bachelor's degree in graphic design in two years. He also contributed to the establishment of the Ashes2Art Program to introduce undergraduate students to the digital reconstruction of ancient monuments and art history. For 25 years, Olsen served as the adviser of *Archarios*, the highly recognized literary/art student magazine at CCU.

Linda Witherspoon, stroke at 47

"I remained in a coma for almost a month. Then, I was on life support for weeks, and the various doctors were not enthusiastic about my chances for recovery."



Michael Williams, stroke at 51

"All my plans have changed or canceled due to my stroke ... get dizzy all the time, speech is off ... I can't walk straight for fear of falling ... I know my wife is afraid."

Larry White, stroke at 51

"I broke all the rules: I was driving on Highway 501 when the stroke symptoms started. But I went home to get something to eat, then drove myself to the hospital ... everything the doctor asked me not to do! When I got there and told them my issues, they rushed me back immediately."



Geoff Parsons, strokes at 61 and 63

"I found that I was sleeping about 16 hours a day. I would sleep about 10 or 11 or 12 at night and then would take a couple of naps."

Meredith Harper, strokes at 22 and 27

eagerly anticipated medical school. But a stroke occurred due to a genetic blood clotting disorder. She re-learned to walk, speak and read again. She was determined to finish her college degree, so her mom, Cathy, attended classes to assist with her notetaking. "Tests that took others 50 minutes took me hours to complete," she said.



Ralph Preston, stroke at 58

"Anyone who thinks I've fully recovered hasn't seen me carry two full glasses, fold laundry, tie a tie, peel shrimp, or wrestle with the dreaded ziplock bag."

Karen Wider-Small, strokes at 47 and 48

"I've had two strokes in my life ... high blood pressure since age 19 ... and diagnosed with diabetes since age 37. There were no warning signs."



Dorothy Connor, strokes at 38 and 42

"I thought it was a terrible migraine headache. It felt like someone hit me with a baseball bat in the back of my head. I never thought of it as being a stroke. I did not imagine having a stroke occurring at my age."

THE ROLE OF



ON STROKE RISK

By Larissa Farnam, DHSc, RD, LD, Clinical Nutrition Manager, Conway Medical Center

Some risk factors for stroke, like age and heredity, cannot be changed, but many of them can, such as smoking and physical inactivity. Three of the top risk factors for stroke can be controlled through proper nutrition: high blood pressure, high cholesterol and obesity. There are certain steps that can be taken to reduce these risk factors.



Blood Pressure

High blood pressure is the leading cause of stroke, but it is also a controllable factor. Choose foods that are low in sodium. Adults should consume between 1,500 to 2,300 milligrams of sodium each day, but we often exceed this amount. Eliminate the addition of table salt to foods; instead, season food with sodium-free spices and herbs such as basil, lemon, pepper and garlic.

In addition, it is important to check food labels for sources of hidden sodium. Look for foods that are labeled "low sodium."



Cholesterol

Cholesterol levels are most highly influenced by the presence of unhealthy fats, such as saturated and trans fats. These fats are commonly found in animal products, butter and processed foods.

To help control blood cholesterol levels, take the skin off of poultry, and trim visible fat off of meats. Avoid deep-fried foods and choose low-fat cooking techniques such as grilling, baking and steaming.



Weight Control

Managing a healthy weight has many important benefits, including reducing stroke risk. In addition to portion and calorie control, increased physical activity can be one of the best ways to manage your weight. Aim for at least 60 minutes of moderate to vigorous physical activity most days of the week.

Healthy diet and physical activity habits can reduce your risk of stroke. Nutrition also plays an important role in the health of stroke survivors. Working with physicians, dietitians and speech pathologists can help survivors find a diet that is texturally safe and that meets their nutrient needs.

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Stick to the **PLAN**



By Norman F. Whiteley

While common stocks continue to be the best type of investment to provide long-term growth in a retirement “nest egg” for retirees, many retirees have difficulty achieving that growth because they do the wrong thing at the worst possible time, i.e., they panic and sell when the market is down and buy once the market has recovered. Another mistake frequently made when their stock investing is unsuccessful is to invest what’s left in a fixed annuity, which doesn’t provide the growth necessary to fund a long-term retirement.

Investing in stocks is a long-term commitment. Ideally, the investor who invests in stocks should be able to commit to a 10-year timeframe, and it’s important that the portfolio be structured so that the investor’s risk tolerance can tolerate the volatility over that time.

Investing in stocks is not the same as trading stocks. While I believe that most people with the right temperament have the capability to be successful long-term investors in stocks, achieving success trading stocks requires a high degree of expertise and commitment of time and effort. Most people do not have the capability to do that.

The key to successful long-term investing is to have a well-structured plan that is compatible with the investor’s risk

tolerance as well as objectives and then sticking to the plan even when things look bleak. If you need help structuring such a plan, find a competent adviser who can help (at a reasonable cost) develop that structure. Once the plan is developed, stick to it with annual rebalancing if necessary, regardless of the alarms sounded by “talking heads” on TV who predict that the sky is falling.

One of the sections in my monthly newsletter is the Model Portfolio, which is provided for illustration purposes only. It is a passively managed portfolio of exchange traded stock funds, bonds and cash equivalents allocated approximately 60 percent stocks and 40 percent fixed income. The portfolio was originally set up in 2007 at the peak of the stock market. Within about a year, the market had crashed and the original \$200,000 value of the portfolio was reduced by 35 percent. A small adjustment in rebalancing was made during this volatile period, but the portfolio was kept essentially intact.

Today, 10 years later, that portfolio has gained a total of 73 percent above its original value, or an average gain over the period of about 7.3 percent per year. However, I don’t necessarily recommend this particular portfolio. If I had to set it up today, I might be able to do a better job.

The key to successful long-term investing is to have a well-structured plan that is compatible with the investor's risk tolerance as well as objectives and then sticking to the plan even when things look bleak.



The point is, that by maintaining the investment in a broadly diversified index of stocks as a major component of the portfolio, even through one of the worst recessions in modern history, the portfolio was able to deliver a reasonable long-term return. If it had been cashed out after the market crash and invested only in safe fixed income investments like CDs and treasuries, we might be lucky to have the original \$200,000 back by now.

In his book *Beating the Street*, famed investor Peter Lynch states that "...the person who never bothers to think about the economy, blithely ignores the condition of the market ... is better off than the person who tries to time his investments, getting into stocks when he feels confident and out when he feels queasy." The stock market climbs a "wall of worry," and successful investors need to ignore the worries and concentrate on carefully constructing a sound portfolio that will continue to grow and develop long-term despite the many worries.

If one looks at a chart of the S&P 500 stocks from 1950 to the present, it's apparent that the market has enjoyed phenomenal growth during that period, even though there have been some

brief regular periods, of generally less than five-year duration, when the market temporarily dipped due to business cycle downturns.

Why then are inexperienced investors so fearful of investing in the stock market? Lynch believes it's a lingering memory infused in our culture of the 1929 crash and ensuing Great Depression that is responsible for creating that fear of the market. The Great Depression was indeed a terrible event, but I believe, despite some stumbles, we've learned a lot since then.

While we certainly have to be aware of concerns and structure our portfolios to deal with those concerns, people who invested regular amounts in the stock market at the market peaks each year from 1929 to the present would today enjoy a very attractive return ... as long as they stuck to their plan.

Norm Whiteley has more than 25 years of experience with nearly a dozen private money managers from some of the most prominent financial firms in the country. Email southwood16@live.com or nwhiteley1@verizon.net.

Bits and bytes

Prime Times readers often call or email with questions about websites that deal with specific issues, i.e., health, finance, retirement, etc. Readers also suggest

websites they've found useful and informative. The following are some websites, mostly about heart and health, that readers have recommended:

mylifecheck.heart.org

An American Heart Association-sponsored website geared to helping people set up a plan to achieve targets on seven different risk factors for cardiovascular disease.

cardiosmart.org

An educational site for patients sponsored by the American College of Cardiology.

womenheart.org

An educational and support group website focusing on prevention and treatment of women affected by heart disease.

my.clevelandclinic.org/heart411book

Written by two of America's most respected doctors at Cleveland Clinic.

encore.org

An organization that encourages seniors to have continued involvement in the work world, including starting a business or charity and a variety of endeavors.

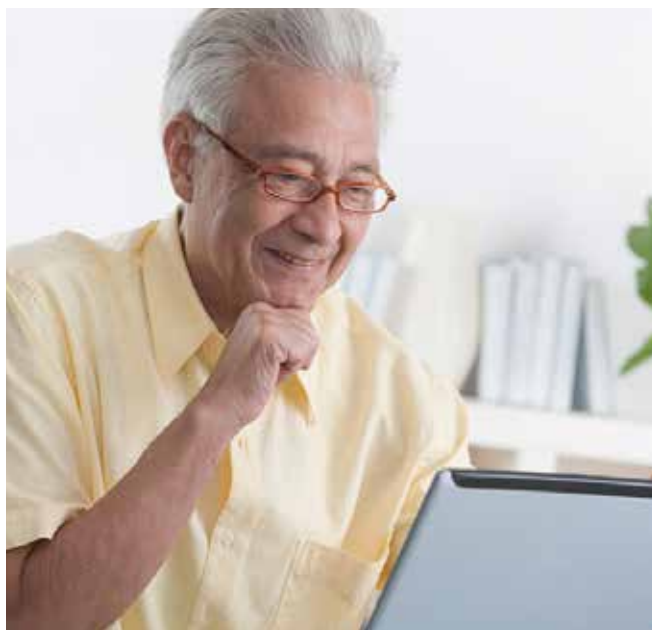


gracefullyaging.org

The “Neighbor to Neighbor” program is a volunteer program dedicated to helping Horry County “neighbors” doing such things as transporting people to appointments. In June 2016, “neighbors” logged 7,506 miles and 550 hours, served 93 clients and used 112 volunteers. The “N2N” program continues having need for volunteers as the “neighbor” community continues rapid growth. The organization has a newsletter.

www.reynoldsriskscore.org

Reynolds Risk Score is designed to predict your risk of having a future heart attack, stroke, etc.



realage.com

Deals with a wide range of heart issues.

agingsociety.org

A website from the National Academy on Aging Society. There is a publication/newsletter covering a broad area, including health and government policy.

icaa.cc

The International Council on Active Aging is an organization supporting wellness environments and services for adults older than 50.



Other Sites

- American Diabetes Association: diabetes.org
- American Heart Association: heart.org
- American Cancer Society: cancer.org
- American College of Sports Medicine: acsm.org
- Alzheimer’s Association: alz.org
- Centers for Disease Control and Prevention: cdc.gov
- Center for Aging and Population Health: www.caph.pitt.edu
- National Arthritis Foundation: arthritis.org
- National Institutes of Health: nih.gov
- National Institute on Aging: nihseniorhealth.gov



If you’re a member of a health plan that offers the “Silver Sneakers” program, see silversneakers.com and healthways.com.



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PrimeTimes recognizes that there's always room for a smile – occasionally even a laugh out loud – among the serious topics we address. If you have a humorous story about the lighter side of aging, send it in and we may publish it in a future issue of the newsletter.

For my grandmother's 80th birthday, we had a huge family celebration and even managed to get a photo announcement printed in the local paper.

"That was a nice shot," I commented.

"It's my passport picture," she revealed.

"Really?" I stared in amazement at my homebody grandma. "Where did you get it taken?"

"Walgreens!"

At his 103rd birthday party, my grandfather was asked if he thought he'd be around for his 104th.

"I certainly do," he said. "Statistics show that very few people die between ages 103 and 104."